

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001097		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2016	
NAME OF PROVIDER OR SUPPLIER PANKRATZ EYE INSTITUTE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3135 MIDDLE RD COLUMBUS, IN 47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification survey was conducted by the Indiana State Department of Health in accordance with Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 01/11/16 Facility Number: 002663 Provider Number: 15C0001097 AIM Number: 200318350A At this Life Safety Code Recertification survey, Pankratz Eye Institute LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors.			K 000			
K 029	416.44(b)(1) LIFE SAFETY CODE STANDARD Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems 38.3.2, 39.3.2			K 029			2/19/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/29/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 3 hazardous areas, such as a general storage room, was provided with a self-closing device which would cause the door to automatically close and latch into the door frame. LSC 39.3.2.1 refers to LSC 8.4. LSC 8.4.1.3 requires doors in barriers to be self-closing or automatic-closing in accordance with 7.2.1.8. This deficient practice could affect any patients in the facility. Findings include: Based on observation on 01/11/16 at 10:20 a.m. with the nursing business manager, the surgery general storage room, which measured one hundred square feet, was used to store sixteen combustible cardboard boxes of paper medical records, lacked a self-closing device on the room door. This was verified by the nursing business manager at the time of observation and acknowledged by the administrator at the exit conference on 01/11/16 at 11:30 a.m.	K 029			
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. Based on interview, the facility failed to provide a written policy for the protection of 2 of 2 patients in the event the automatic sprinkler system has to be placed out-of-service for 4 hours or more in a 24-hour period in accordance with LSC, Section 9.7.6.1. LSC 4.5.7 requires	K 130		2/2/16	

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K 130	<p>Continued From page 2</p> <p>whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, standard for Inspection, Testing and maintenance of water-Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of the facility Fire Policy and interview with the administrator on 01/11/16 at 9:20 a.m., the facility did not have a written policy and procedure for an impaired automatic sprinkler system. This was verified by the administrator at the time of interview and acknowledged at the exit conference on 01/11/16 at 11:30 a.m.</p> <p>2. Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement</p>	K 130			

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K 130	Continued From page 3 purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all patients in the facility if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement. Findings include: Based on observation on 01/11/16 during a tour of the facility from 9:20 a.m. to 11:30 a.m. with the nursing business manager, the garage area had sidewall sprinklers providing sprinkler coverage. Based on observation of the spare sprinkler cabinet in mechanical room #2 with the nursing business manager, there were no spare sidewall sprinklers in the spare sprinkler cabinet. The lack of spare sidewall sprinklers was verified by the nursing business manager at the time of observation of the spare sprinkler cabinet and acknowledged at the exit conference by the administrator on 01/11/16 at 11:30 a.m.	K 130			
K 144	416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2 This STANDARD is not met as evidenced by: 1. Based on record review, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 52 of 52 weeks over the past year.	K 144		2/2/16	

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K 144	<p>Continued From page 4</p> <p>Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days and shall be maintained in full compliance with the manufacturer's specifications. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the emergency generator Monthly Test log with the administrator on 01/11/16 at 9:20 a.m., there was no weekly inspections of the emergency generator over the past year. Based on an interview with the administrator on 01/11/16 at 9:30 a.m., weekly emergency generator inspections are not conducted, and the load tests are conducted by an outside contractor. The lack of weekly inspections for the emergency generator over the past year was verified by the administrator at the time of record review and acknowledged at the exit conference on 01/11/16 at 11:30 a.m.</p> <p>2. Based on record review and interview, the facility failed to ensure the load testing for the emergency generator was conducted for 5 of the past 12 months under operating conditions or not</p>	K 144			

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K 144	<p>Continued From page 5</p> <p>less than 30 percent of the nameplate rating for the emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the emergency generator Monthly Test log with the administrator on 01/11/16 at 9:20 a.m., monthly load tests of the emergency generator were documented by an outside contractor called Evapar for the following months over the past year; 01/12/15, 02/27/15, 05/26/15, 06/24/15, 08/22/15, 09/23/15, and 11/05/15. Based on an interview with the administrator on 01/11/16 at 9:30 p.m., monthly load tests of the emergency generator were not conducted by the outside contractor for March, April, July, October, and December of the year 2015. The lack of monthly load tests for the emergency generator for March, April, July, October, and December of the year 2015 was verified by the administrator at the time of record review and acknowledged at the exit conference on 01/11/16 at 11:30 a.m.</p>	K 144			